

**THE EYE-BANK FOR SIGHT RESTORATION, INC.**



**ANNUAL REPORT, 1967**



Cover: Cross section of a rabbit's eye showing experimentally produced glaucoma (see page 11). This is a striking picture of the phenomenon called "cupping" which is typical of advanced glaucoma. Cupping is the deep indentation in the stem-like optic nerve (dark portion) at the point where it joins the back of the eye.



## Through The Gift of Others

**The primary function of The Eye-Bank for Sight Restoration** is the collection and distribution of eye tissues, donated upon death, to surgeons whose patients can be benefited by corneal transplants. This delicate operation uses the donated cornea — the thin, transparent membrane covering the front part of the eye — to replace a cornea that has become opaque because of disease or damage, with consequent impairment of sight.

The vitreous — the substance filling the larger part of the eyeball — is used to aid in restoring sight of patients with detached retinas. Eyes which cannot be used for one of these purposes are assigned to The Eye-Bank's research program.

All of its services are freely given through the gifts of others; those who have given their eyes, financial support, skills, time and services to its successful operation.

Founded in 1944 by Dr. R. Townley Paton and a group of associates, it is recognized as the first center of its kind and has served as an inspiration and guide in the founding of over eighty other eye-banks located throughout this country and abroad.

**Over the past two decades it has:** Provided nearly 9,500 blind and partially blind men, women and children with improved sight.

Increased eye donations from a few pairs in 1944 to the present level of more than 1,000 a year; thus almost eliminating the long waiting period for treatment.

Provided training for surgeons from all over the world in the techniques of corneal transplantation.

Established an Eye Tissue Bank of over 16,000 specimens, the largest and most complete in the world, for use in research.

Brought together the renowned medical staff and laboratory facilities that have made The Eye-Bank, and its associated Corneal Clinic, a leading center for treatment, study and research in this field.

Made Eye-Bank services available to all hospitals and qualified ophthalmologists, thanks to the fine cooperation of the Manhattan Eye, Ear and Throat Hospital. Although physically located at this hospital The Eye-Bank is a completely separate entity.

## A Progress Report

In the annual report of The Eye-Bank For Sight Restoration, Inc., your President must, necessarily, address himself to those who, knowing the value of sight, have pledged their eyes to The Eye-Bank, to those individuals who, whether alone or working within groups and organizations, have been instrumental in obtaining eye pledges or support, and to those who have so staunchly encouraged us.

It is indeed a pleasure to review the progress of The Eye-Bank in this report for 1967. Our enthusiasm, however, must be contained by the knowledge that we progress and grow from year to year only by the efforts of our faithful Board of Directors and staff, in turn supported by our dedicated friends.

Almost all of last year's purposes and hopes were fulfilled. Our expenditures were \$201,529, exceeding our budget by approximately \$4,500, but contributions, grants, legacies, gifts and income enabled us for this first time in our history to come out slightly ahead as you will see by examining the financial statements. We are sure that when you have read the ensuing reports of Mrs. Rhoads, our Executive Director, and Dr. Paton, our Medical Director, you will agree with me that The Eye-Bank is moving ever forward in the fields of sight restoration and research.

It is our hope that this trend of expansion, especially in the field of research, will continue. Looking ahead we are always aware that, to realize the full capabilities of our resources and research personnel, we must ultimately establish more direct relations with a medical school. Steps are being taken toward this end which, once accomplished, will enable us better to keep pace with the growth inherent in all fields of eye research.


Besides the current work described in the Medical Director's report, we have recently undertaken to assist the Allergy Research Laboratory in the Manhattan Eye, Ear and Throat Hospital to forward the work of H. Beecher Chapin, M.D. with the use of fluorescent microscope techniques. Dr. Chapin is attempting to develop more information on immunological processes, especially as they may relate to the herpes simplex virus.

We have recently undertaken a survey which will result in a recommendation on producing a new motion picture. "Boy With a Blindfold", now nearly ten years old, has been a great success in carrying the message of The Eye-Bank and has served us well. Your Board believes, however, that the time has come to make a new picture and, although this will be an expensive undertaking we feel that it must be done in order to present our story effectively to the public.

During the past year, we have strengthened our Board with the addition of experienced as well as of dedicated younger members. We

welcome as new members of the Board since our last report, Mr. Jonathan Bush, Assistant Treasurer, Mr. Andrew Fletcher, member of the Executive Committee, Mrs. Thomas W. Pettus, Jr., Assistant Secretary and Mr. Leonard T. Scully, Treasurer. We regret that Mr. Edward M. K. Murray felt that he should resign for the time being because of the press of business.

We take this opportunity to thank you one and all for enabling your Board, along with the administrative and research staffs, to move forward with accelerated accomplishment. We will continue our work knowing that we have your confidence and financial support.



ROBERT M. FERGUSON  
*President*

## Board of Directors

### OFFICERS:

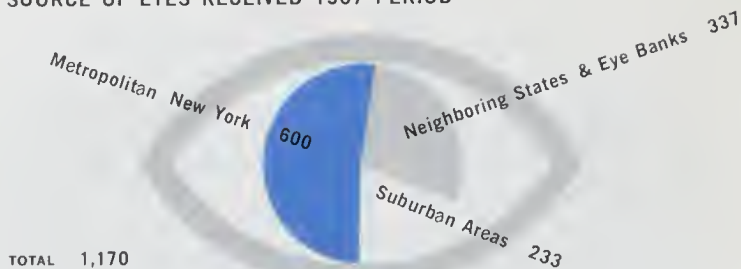
*Robert M. Ferguson	<i>President</i>
*R. Townley Paton, M.D.	<i>Vice President</i>
Arthur Knapp, Jr.	<i>Vice President</i>
*Edward E. Watts, Jr.	<i>Secretary</i>
Mrs. Thomas W. Pettus, Jr.	<i>Assistant Secretary</i>
Leonard T. Scully	<i>Treasurer</i>
Jonathan Bush	<i>Assistant Treasurer</i>
Lawrence C. Marshall	<i>Chairman of the Finance Committee</i>

### DIRECTORS:

Jorge N. Buxton, M.D.	Robert E. McCormick
*Andrew Fletcher	James E. Purnell, M.D.
Sylvan Geismar	Donald M. Shafer, M.D.
Herbert M. Katzin, M.D.	Mrs. Diego Suarez
* <i>Executive Committee</i>	Richard C. Troutman, M.D.

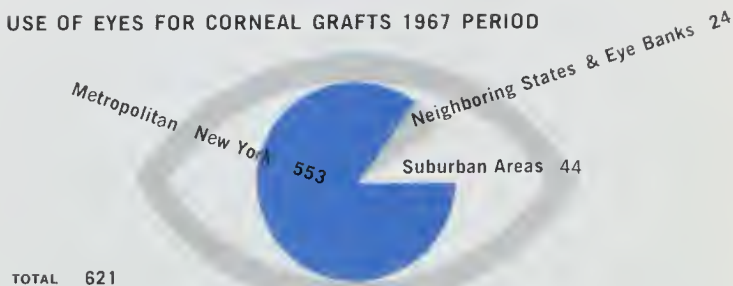
EXECUTIVE DIRECTOR, Mrs. Cornelius P. Rhoads

## SOURCE OF EYES RECEIVED 1967 PERIOD



*The Eye-Bank received most of its eyes from the metropolitan area, but almost as many came from out-lying areas. We believe a city the size of New York can provide far more eyes than it does, to meet this vital need.*

## USE OF EYES FOR CORNEAL GRAFTS 1967 PERIOD



*Almost 90 per cent of the eyes provided by The Eye-Bank for corneal grafts were used in the metropolitan area. Yet this area contributed only slightly more than half of all the eyes received during the 1967 period. We do not think the city should be dependent upon other areas for its eye bank needs.*

Year Ended April 30	Eyes Received	Corneal Grafts	Vitreous Fluid	Teaching and Research
1963	918	435	128	355
1964	1,012	467	92	453
1965	1,285	551	140	594
1966	1,139	595	163	381
1967	1,170	646*	90	434

\* Includes 25 preserved corneas for emergencies.

*Eye donations showed a small increase in the 1967 period over the previous year and more were used in corneal grafts. As the figures show there was a marked increase in our research activity. This is most encouraging in terms of the services we can offer, but as always the need continues to exceed the number of eyes received.*

## Mr. Amato's Story

"Less than three years ago, Nick Amato was going blind.

"But today, at 73, he is a new man transformed by a medical miracle. He has regained his expert form at the pool table and his skill at building furniture in his home workshop. Nick now walks the familiar blocks of Brooklyn with the springy step of a youngster, stopping frequently to chat when he recognizes an old friend."

This is from an article in Red Shield, house publication of the Royal-Globe Insurance Companies. Mr. Amato, who received two corneal transplants from The Eye-Bank, is the father of one of the company's employees. His daughter was so impressed by The Eye-Bank's work that she inspired both the writing of the article and an active campaign to secure eye donations among the company's personnel.

The example of Mr. Amato, described in these few words, truly sums up what makes The Eye-Bank's work worthwhile and what brings a deep and warm satisfaction to those who take part in it.

Before this happy outcome can be achieved, however, a chain of events involving many individuals must take place.

### **DONORS**

First are the donors who, many of them while they are still young and healthy, have the forethought and generosity to arrange the donation of their eyes. The word "generosity" is used meaningfully, since to many people it is a real act of sacrifice to contemplate parting with their eyes even after they no longer need them.

The most truly generous gift The Eye-Bank has received was a single eye from a man whose eastern religion fostered the belief that he would by this act be forced to go through eternity one-eyed.

Recruiting new donors is a never-ending task, and until a satisfactory way of preserving and storing corneas is found this will continue to be the case. Donors are recruited by many groups and individuals. Some are eye donors themselves who inspire others to follow their lead. Some are members of civic clubs, church groups, employee organizations, memorial societies and residents of homes for elderly people.

Lions Clubs have always been in the forefront of the movement, as have the Knights Templar, Oddfellows and many Women's Clubs. Among employee groups, the Telephone Pioneers of America have been most active, enlisting more than 200 donors from several of their branches.

### **NEXT-OF-KIN**

When the time comes for a donor's pledge to be fulfilled—a time naturally fraught with sadness for his nearest of kin—the most crucial single link in the chain comes into play. It may be the next-of-kin,

if the donor has not died in a hospital, who must at such a time call to mind the donor's wish and remember that notifying The Eye-Bank is of the utmost urgency.

#### **HOSPITALS**

Most often the responsibility falls to the hospital where the donor dies, and the importance of hospital cooperation cannot be too strongly stressed. Here the attending doctor or nurse must be aware of the donor's wish and often act as liaison between the next-of-kin and The Eye-Bank. Where an autopsy is performed, next-of-kin consent is often provided with the autopsy form. If eyes could be obtained from every autopsy performed in major New York City hospitals alone, The Eye-Bank's needs would be amply filled. Too often, however, a gift of eyes is lost through forgetfulness of the donor's pledge or because it does not occur to the attending physician to mention The Eye-Bank when obtaining autopsy permission.

The coming year will be devoted to bringing our need more forcefully to the hospitals' attention, in the hope of increasing eye donations and reducing the waiting period for those needing a corneal transplant.

#### **DOCTORS**

Since eyes must be removed within a very few hours after death, it is essential that a surgeon or pathologist be available at all times to perform this service. Many hospitals know The Eye-Bank's procedures and have doctors available to help. Within 50 miles of New York City The Eye-Bank will send a doctor, if necessary, to be sure eyes are removed properly whether the donor dies in a hospital or elsewhere. These doctors are on call 24 hours a day, 365 days a year, to serve The Eye-Bank in addition to their regular duties.

#### **TRANSPORTATION**

Because of the time limit for their use, eyes must be brought to The Eye-Bank where they are examined, then to the waiting surgeon with the utmost speed. In this we are aided by Eastern Airlines and others which have followed its example in carrying eye tissues free of charge. The Red Cross Motor Corps, Carey Transportation, State Police of New York and New Jersey, Long Island Railroad and other agencies have vastly facilitated our problem.

#### **COMMUNICATION**

Communication is of vital importance, so that corneas may quickly reach the places where they are needed. Since the formation of The Eye-Bank Association of America in 1961, communication among eye-



banks has improved steadily so that a temporary surplus of corneas in one location may supply the unmet needs of another. An outgrowth of the Association is The Eye-Bank Network of radio ham operators who are on the air each morning and evening to broadcast emergency appeals and help see that they are filled.

#### **VOLUNTEERS**

We are grateful to all of our loyal volunteers who form the chain of events between the eye donor's initial decision and the restoration of sight to another human being through his gift. We are grateful for the heartwarming instances of enthusiasm and devotion shown by our supporters.

One that has particularly impressed us was the enterprise of a thirteen-year-old boy scout. A year ago Larry wrote that he wished to collect eye donor pledges as his service project to qualify for Eagle Scout rank. Ambitiously he asked for "at least 200 sets of forms to start with." Fifty were sent to him, and a month later we received a crestfallen letter saying he had only been able to persuade nine people to donate their eyes — one out of every 15 he had approached. We heard nothing more from him, and assumed he had become discouraged, until early this year. He had been chosen to take part in a special experimental educational program at Fordham Preparatory School and wrote to ask for help in a report he was preparing for his English class.

The title he had selected was "The Scientific, Social and Philosophical Aspects of Cornea Transplant Surgery." The list of material he requested sounded formidable even for a student who had been chosen for his exceptional intelligence rating. We did our best, however, to supply the necessary background, including observation of a cornea transplant operation and interviews with doctors and patients. Later Larry called us, to say that his thirty-page, illustrated report had received a grade of 95 and the comment "outstanding" from his English teacher. He intends to go right on working for The Eye-Bank and hopes to become an eye doctor when he finishes school.

We feel this is one of the nicest testimonials of interest we have received.

If a fourteen-year-old can show such dedication to the idea of serving humanity, surely the day will come when enough adults will do so to ensure the continued success of our program.



MRS. CORNELIUS P. RHOADS  
*Executive Director*



*The cornea is sliced with the autokeratome, an instrument resembling a miniature carpenter's plane.*

*Shaping a "living lens" on a freezing lathe.*



## Developing Skills and Research

Our course in corneal transplant surgery was held for the second year in Southampton. It was over subscribed and had quite an enthusiastic reception. Ethicon, Incorporated, underwrote our deficit again, which was much appreciated.

During the mornings, presentations were offered detailing and summarizing the years' advances in corneal physiology, pathology and surgery.

Dr. R. Townley Paton introduced the subject material and the lecturers, who came from the outstanding medical schools in the East. Enrollees came from all over the United States and as far away as Australia.

In the afternoons the students were supplied animals' eyes to practice advanced surgical techniques. Again, closed circuit T.V. was used to demonstrate a corneal transplant operation on a patient's eye.

### **REFRACTIVE KERATOPLASTY**

This surgical technique has continued to develop in the third year of a grant from the John A. Hartford Foundation, administered by Dr. Herbert M. Katzin who is the director of The Eye-Bank laboratory. This surgery, which involves reshaping the cornea, is done by means of a corneal transplant and is designed to give better vision to those persons who cannot be aided even by specially prescribed contact lenses or glasses. The reshaped cornea will correct errors in refraction, and thus permit the proper focussing of light waves as they pass through the cornea.

During this procedure, a portion of the patient's cornea is removed, and the reshaped donor cornea is sutured to the patient's eye. With this method, the donor cornea can be reshaped quite accurately because of a new instrument developed in this project called the autokeratome.

### **THE AUTOKERATOME**

The autokeratome slices the cornea with an electrically driven knife. This eliminates the necessity of freezing, lathing and manually slicing the cornea. Some modifications will be made before the instrument is used for refractive keratoplasty in humans. Thus far, the procedure has been used quite successfully on living rabbits' eyes, which can be measured for nearsightedness, farsightedness, etc. The rabbits' vision is tested by objective methods of measurement.

At present, the autokeratome has been successfully used in ten lamellar (split thickness) transplant procedures in patients. During this surgery, a patient's scarred cornea is removed and a similar section of donor cornea is sutured to the eye. The operation utilizes the application of a highly accurate miniaturized plane, similar to a car-

penter's plane, that removes a veneer from the surface of the cornea of pre-calculated thickness.

#### **COMPUTERS USED**

Also being developed for use in this procedure is a new computer technique. This supplies the necessary precision to the procedure as it enables the physician to know, in advance, calculations for the size, radius, and thickness of the donor cornea to be transplanted.

Assisting Dr. Katzin in this work are Dr. Vishwa N. Sehgal, a visiting ophthalmologist from India, Jacob K. Elstein, a biophysicist from The Rockefeller Institute, and Dr. M. M. Kaplan, optometrist.

#### **SYNTHETIC MATERIALS**

The work in refractive keratoplasty has inevitably led to the use of synthetic transparent materials especially formulated to be used in patients who are not appropriate subjects for the living corneal lens. Thus far plastic materials embedded on the cornea have been evaluated from the point of view of tissue tolerance, and results have been only moderately encouraging. New substances which show greater promise are now available for testing.

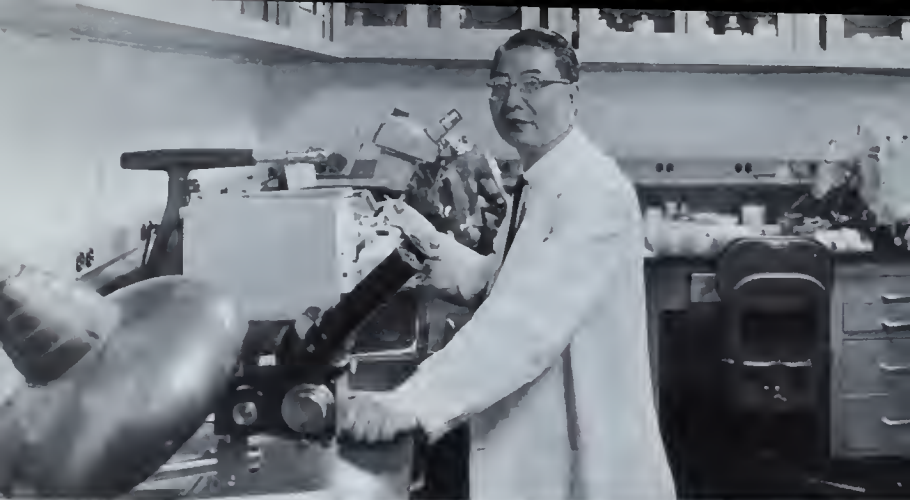
The recent literature is replete with references to the utilization of plastics intraocularly. Their application may be functionally subdivided as follows:

1. Permanent inclusion of lenses in the eye to modify its refractive power.
2. Membranes that control the passage of water in certain pathological corneal conditions.
3. Prostheses, in cases where ordinary homografting is contra-indicated, and
4. Semi-permanent contact lenses, where required.

The materials that have been used, according to the literature, are plastics that are readily commercially available. The relative success, in some cases, has been fairly notable but in others a poor result has ensued. The unpredictability of intraocular implantation has caused ophthalmologists to temper their early enthusiasm with caution.

#### **NEW PLASTICS**

Recent developments in polymer physics have made it possible to molecularly structure a plastic with certain physical and structural properties tailored to given specifications. Much thought has gone into the formulation of the ideal qualities to be possessed by a polymer so as to be compatible with corneal tissue, and to achieve the desired effect in given cases. Our team is now embarking on a testing program to select those properties which can accomplish the goals set forth. This program envisages regular postoperative biomicroscopic examination, as well as refractive determinations. Some of the animals



*The automatic ultramicrotome, being operated by Dr. Teng, uses a diamond knife to prepare tissue sections for the electron microscope.*

will have to be sacrificed so that electron microscopic, histochemical, and tissue culture studies may be made. The other animals will be continually observed for the determination of long range effects, and an overall evaluation will be made.

#### **TWO MORE FIRSTS**

Dr. Teng, our senior full-time research associate, has added two more firsts to his series of discoveries. Working with rabbits' eyes, he has developed a method of producing experimental glaucoma. He has also developed a technique for an anti-glaucomatous surgical procedure which maintains the continuous drainage of fluid causing the excess pressure in the eye. Both of these results have been difficult for researchers to achieve and both are valuable in that they 1) produce an experimental prototype of the disease, and 2) duplicate one of the principal methods of treatment of the disease. These prototypes can be studied at will, during any stage of development, to gain a clearer understanding of the disturbed physiology of the glaucomatous eye and the function or reason for malfunction of the drainage operation.

He also continues his researches into the various corneal dystrophies that are the main reason why patients need corneal graft surgery. The electron microscope analyzes details in the cell structure of cloudy corneas removed at operation. We expect these studies to help us to prevent or cure the disordered corneal metabolism that leads to this type of blindness.

#### **TISSUE CULTURE**

Most recently, frontiers in the understanding of these metabolic disorders have pointed to the field of tissue culture. Tissues removed



*In a glass enclosed room the tissue culture technician prepares nourishing broth in which corneal cells are grown.*

from the patient's eye at the time of surgery are grown in a broth medium under sterile conditions, so that the abnormal cells can be examined in great detail. Their growth characteristic, their form, the accumulation of materials in the cells of cloudy corneas that are not present in clear corneas, all these are subject to study. Beyond that, there are a number of biochemical and biophysical methods of testing and comparing normal with dystrophic cells. We are currently growing in tissue culture material obtained in the operating room from patients' corneas. In this field we have developed new applications for conventional methods. Already we have found significant differences between dystrophic and normal corneas by using electrophoresis on tissue culture specimens. Electrophoresis is a method used in protein analysis that compares small variations in composition.

The tissue culture laboratory is also being used to guide us in the evaluation of methods of preserving the corneas of donor eyes. For example, we have found that a cornea must be absolutely fresh, in order for the stromal cells to grow well in culture. (The stroma is the main body of the cornea, and its cell viability is responsible for the success of corneal transplant surgery.)

Tissue culture may in fact be a method of preservation of fresh living corneal material. The corneal endothelium, which is the fluid-barrier posterior layer of the cornea, is extremely difficult to maintain alive outside of its normal habitat inside the eye. A tissue culture method of keeping the cells of the endothelium in viable condition could materially improve our present methods of preservation.

We look forward to another fruitful year in The Eye-Bank Laboratory, expecting to complete much of what has been begun, and to continue to explore promising areas for further research.

*R. Townley Paton*

R. TOWNLEY PATON, M.D.  
Medical Director



## Publications

KAPLAN, M. M. "Introduction to refractive keratoplasty." *N. J. Jour. Optom.* 20:14, 1966 and 20:20, 1966.

———. "Optical considerations of hydrogel contact lenses." *Optom. Weekly* 57:29, 1966.

———. "The aplanatic contact lens." *Optom. Weekly* 58:25, 1967 and 58:42, 1967.

———. "Optical considerations of hydrophilic lenses: Part II, Hydration and dehydration." *Optom. Weekly* 58:19, 1967.

———. "The soft lens centrifuge." *The Optician* (London) 153:551, 1967.

KAPLAN, M. M., ELSTEIN, J. K., SEHGAL, V. N. and KATZIN, H. M. "Refractive keratoplasty: Vergence calculations." *Amer. J. Optom. & Arch. Amer. Acad. Optom.* 43:795, 1966.

KATZIN, H. M. and MELTZER, J. F. "Combined surgery for corneal transplantation and cataract extraction." *Amer. J. Ophthal.* 62:556, 1966.

TENG, C. C. "Macular dystrophy of the cornea: A histochemical and electron microscopic study." *Amer. J. Ophthal.* 62:436, 1966.

———. "Granular dystrophy of the cornea: A histochemical and electron microscopic study." *Amer. J. Ophthal.* 63:772, 1967.

## In Press

KAPLAN, M. M., ELSTEIN, J. K., SEHGAL, V. N. and KATZIN, H. M. "Refractive keratoplasty: Corneal bending." (*Amer. J. Optom. & Arch. Amer. Acad. Optom.*)

———. "Corneal section verification in refractive keratoplasty." (*Arch. Ophthal.*)

KAPLAN, M. M. and KATZIN, H. M. "Corneal cylinders in refractive keratoplasty." (Submitted to *Brit. J. Physiol. Optics*)

KATZIN, H. M. and KAPLAN, M. M. "Refractive keratoplasty: Cylindrical sectioning." *Internat. Conf. on Cornea and Plastic Surgery*, London, July, 1967. To be published in book form.

# THE EYE-BANK FOR SIGHT RESTORATION, INC.

## Statement of Fund Net Assets, March 31, 1967

### GENERAL FUND NET ASSETS:

Cash .....	\$ 18,226.32
Investments:	
Securities at cost or contributed value (approximate market value — \$362,000.00) .....	226,575.80
Savings accounts .....	88,471.36
Receivables .....	3,986.72
Equipment, furniture, and leasehold improvements — at cost, less accumulated depreciation and amortization (\$104,344.62) .....	30,892.93
Prepaid expenses, etc. ....	5,847.78
Accounts payable .....	(686.08)
Total General Fund .....	<u>373,314.83</u>

### RESTRICTED FUNDS ASSETS:

Cash .....	2,306.53
Investments — savings accounts .....	<u>10,000.00</u>
Total Restricted Funds .....	<u>12,306.53</u>
TOTAL FUNDS .....	<u>\$385,621.36</u>



**Statement of Current Income  
for the Year Ended March 31, 1967**

**INCOME:**

Unrestricted contributions and trust income .....	\$ 85,854.58
Transfers from restricted funds .....	102,282.10
Income from investments .....	16,873.56
Other .....	2,339.74
Total .....	<u>207,349.98</u>

**EXPENSE:**

Research .....	102,609.67
Cornea supply service .....	30,181.63
Administrative and general .....	33,150.63
Depreciation and amortization .....	10,241.50
Fund raising .....	14,605.42
Public information .....	10,740.41
Total .....	<u>201,529.26</u>

**EXCESS OF INCOME OVER EXPENSE .....** \$ 5,820.72

*The Eye-Bank's financial statements are examined  
annually by Haskins & Sells, Certified Public Accountants*

## Memorials

During the past year gifts were given in memory of:

William R. Aydelott, Esq.	Mrs. Eleanor Halliday	Mr. Nichols
A. Baumann	Max Handelsman	Mrs. E. Lois O'Connell
Frances Bayer	Henry Heyman	Mrs. Mabel Parker
H. Allyn Bell	Mrs. Edward Hoffman	Zella M. Paterson
James L. Berigan	Mrs. Elizabeth Horner	Marion Patterson
Arthur Blitzer	Winfield Horner	Mrs. Anna B. Plansoen
Harry Blum	Walter C. Hyatt	Mrs. Mary Reitemeyer
Ray Blumenthal	Jay J. Jacobs	Mrs. Arthur Rickey
Mrs. Esther H. T. Brown	Mrs. Tessie Kalvin	Mrs. Maria Robbins
Frederick W. Bruchhauser	Joseph Kane	Mrs. Dorothy Rosenthal
Mrs. Georgianna E. Brune	David Kaufman	George Rutherford
Mrs. Josephine Burkhardt	Charles Krone	Mrs. Michael Ryan
Mrs. S. J. Connell	Emily Kumberger	Edward Sharman
Mrs. Margaret Cooney	Angela La Rose	Joseph Skrypski
Cecil F. Cross	Jack Leeds	Sam Smilowitz
Virginia Kent Cummins	Katherine Lehman	Marguerite B. Sparrow
Michal Daley	Fannie Levy	Albert L. Stein
Vincent Del Casino	Dr. Herman Loshak	Grace Sutton
Mrs. C. Elmer Dietrich	A. C. Mader	Mrs. L. Toplitz
Gregory Dixon	Mrs. Teresa Madsen	Charles A. Townsend
Warren Dodge	Mrs. Jesse Mailler	Robert G. Waldron
Charles C. Dominges	Robert J. Malone	Mrs. Honora Walsh
Percy L. Douglas	Mrs. Martin Matheson	Cornelius Wickersham, Jr.
Sam Fruhman	Dr. William J. McGowan	Mrs. Ann Wiener
Conrad Gilbert	Mrs. Mary McLee	Leo Williams
Celia Gilner	Alvin G. Mills	Mrs. M. L. Woody
John Grinwis	Andrew Moreland	Barnett Zeilikowit
Mrs. B. Guggenheimer	Elizabeth Morse	Elizabeth Zirinsky

## Legacies and Trust Income

Mary S. Dawson Bogart	Phyllis Horne	Matilda Gibson McCurdy
Carmelita Clark	Estelle R. Kahn and	Mary K. Mitchell
Lucile H. Fleck	George R. Kahn	Joseph Schweighofer
Stella J. Hirschfield	Sarah W. Lamb	Irving Wein

## Your Contribution to Sight

Every gift to The Eye-Bank, sooner or later, directly or indirectly, finds expression in the miracle of restored or improved sight. It may help to:

Obtain eye donations

Pay for specially designed equipment to improve and speed treatment

Make possible many hours of research in new areas only now coming under investigation

Provide training for more doctors in the specialized techniques of eye surgery

## Forms of Gifts

**Your gift can be made in a number of ways:**

Cash contributions

Gifts or pledges of securities or property, now or in the future

Various trust arrangements which, from a tax point of view, can benefit you as well as The Eye-Bank

The Eye-Bank may be made the beneficiary of insurance

Bequests are a vital source of income for The Eye-Bank today. Bequests can be made by including the following statement in your will:

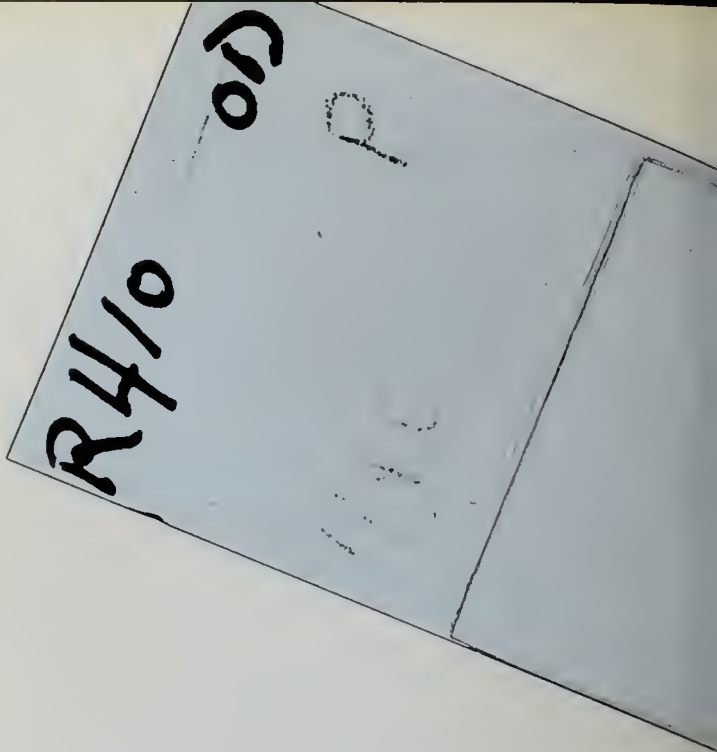
"I give and bequeath to The Eye-Bank for Sight Restoration, Incorporated, the sum of \$\_\_\_\_\_ to be applied to the uses and purposes of said corporation."

## Eye-Bank Memberships

Annual .....	\$5 to \$10
Contributing .....	10 to 25
Sustaining .....	25 to 100
Scholarship .....	100 to 500
Research .....	500 and over

If you wish to pledge your eyes, please write or telephone The Eye-Bank for information.

*All gifts to The Eye-Bank are deductible for tax purposes, within the limit of the law.*



**The Eye-Bank for Sight Restoration, Inc.**

210 East 64th Street, New York, N. Y. 10021

Telephone: Area Code 212 - 838-9200

Executive Director: Mrs. Cornelius P. Rhoads